

**NOTIFICATION TO ORS/CSS OF  
DWS or DOH CASE REINSTATEMENT**  
(Within 60 Days of DWS/DOH Case Closure)

<b>To: ORS/CSS Office/Team</b> _____		<b>From: DWS/DOH Office</b> _____	
<b>ORS/CSS Case Number</b> _____		<b>PACMIS Case Number</b> _____	
<b>Worker</b> _____		<b>PACMIS Case Reinstatement Date</b> _____	
		<b>Worker</b> _____ <b>Phone #</b> _____	
<b>RECIPIENT INFORMATION</b> (To be completed by applicant/recipient.)			
<b>DWS/DOH Case Name</b> _____ <b>Social Security Number:</b> _____ (Name of Applicant/Recipient)			
Has the number of members in your household changed from the last information you provided? Yes____ No ____ If 'yes', complete the following: Household member no longer resides at the same address. Name of household member: _____ Additional household member resides at the same address. Name of household member: _____ How is this household member related to you? _____			
<b>NON-CUSTODIAL PARENT INFORMATION</b> (To be completed by applicant/recipient. Complete one form per non-custodial parent.)			
<b>ORS/CSS Case Name</b> _____ <b>Child(ren)'s Name(s)</b> _____ (Name of Non-custodial Parent)			
<b>NCP Social Security Number</b>		<b>Present Phone #</b>	<b>Relationship to Child(ren)</b>
			<b>Is the Non-custodial parent now living in your home?</b> Yes • No •
<b>Present or Last Known Address</b>		<b>City</b>	<b>State</b>
		<b>Zip Code</b>	<b>Address as of what date:</b>
<b>Present or Last Employer/Address/Phone number</b>		<b>Type of Work</b>	<b>Monthly Salary</b>
_____			
_____			
_____			
			<b>Date From</b>
			<b>Date To</b>

**ADDITIONAL INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Recipient Signature**

\_\_\_\_\_  
**Date**